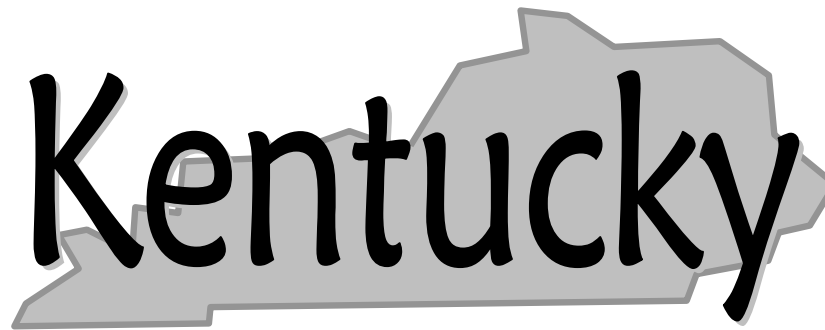


# **2010 ANNUAL SURVEY OF HOSPICE PROVIDERS**



**January 1 through December 31, 2010**

CABINET FOR HEALTH AND FAMILY SERVICES  
OFFICE OF HEALTH POLICY  
275 EAST MAIN STREET 4W-E  
FRANKFORT, KY 40621

Completion required by 902 KAR 20:008 (rev 10-15-03) and 900 KAR 6:125

# 2010 ANNUAL SURVEY OF HOSPICE PROVIDERS

## INTRODUCTION

The Annual Hospice Services survey is now required to be completed and submitted via the internet. The survey must be submitted via the internet at the following site: <https://apps.chfs.ky.gov/OHPSurvey/Default.aspx>.

The accuracy and completeness of the data reported in this survey are essential to the process of health planning in Kentucky. It also represents the data requirements as set forth in 902 KAR 20:008 (rev 10-15-03) and 900 KAR 6:125. All items must be completed with actual tabulated data before this survey will be considered acceptable. All surveys must be received in a timely manner. Surveys are due March 15, 2011. Any survey extension dates must be approved by the Office of Health Policy. See the Data Policies regarding extensions at the Data Gallery website: <http://chfs.ky.gov/ohp/dhppd/dataresgal.htm>. All extension requests must be submitted in writing by mail or email.

You are responsible for the accuracy of the data reported in this survey. Please double check all entries. Failure to do so may result in the Office of the Inspector General being notified of a possible licensure deficiency. Retain a copy of the completed survey for your files.

If there are questions concerning the preparation of this survey, please contact Sheena Eckley of the Office of Health Policy at (502) 564-9592, ext. 3539 or email [sheena.lewis@ky.gov](mailto:sheena.lewis@ky.gov).

## REPORTING PERIOD

- Report data for the annual period **January 1 through December 31, 2010.**

# 2010 ANNUAL SURVEY OF HOSPICE PROVIDERS

## Hospice Facility Information

Complete the following information about the facility for which you are completing this survey, your contact information and the contact information about the facility's administrator.

**Facility Name:** \_\_\_\_\_

**Licensure #:** \_\_\_\_\_

**Facility Street Address:** \_\_\_\_\_

**Facility City & Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Name of person completing Form:** \_\_\_\_\_

**Title of person completing Form:** \_\_\_\_\_

**Email of person completing Form:** \_\_\_\_\_

**Facility Administrator:** \_\_\_\_\_

**Administrator's Email:** \_\_\_\_\_

Please retain a copy of the survey for your agency's files. All questions regarding this survey should be directed to Sheena Lewis Eckley at (502) 564-9592 or e-mail [sheena.lewis@ky.gov](mailto:sheena.lewis@ky.gov).

**This document can no longer be submitted on paper.**

**This printable version is for your convenience in completing the survey on paper before completing the online version.**

<https://apps.chfs.ky.gov/OHPSurvey/>

# 2010 ANNUAL SURVEY OF HOSPICE PROVIDERS

## Section I: Instructions

### Hospice Utilization Data

1. County/counties served by your agency.
2. Beginning census - number of patients being served by your agency on January 1, 2010.
3. Admissions - number of patients you admitted in 2010 (excluding your beginning census), include readmissions. Note that admissions are separated into two categories, Total Admissions and Unduplicated Admissions.
  - a. Total Admissions – should include readmissions.
  - b. Unduplicated Admissions – all patients admitted to the program for the first time in the calendar year including transfers from other hospices (do not include re-admissions).
4. Deaths - patients should be separated into two categories (death due to cancer, death due to other causes) and total number of deaths.
5. Discharges - count of patients discharged to home, another facility, etc. (excluding deaths).
6. Ending census is determined as follows: (beginning census as of midnight December 31, 2009 + admissions) - (deaths as of December 31, 2010) - (discharged patients excluding deaths).
7. Units of Service is broken down into two categories:
  - a. Units of Service (Patients) - the number of contacts a patient received from any type of hospice provider: i.e. social worker, RN or MD. It should not include volunteer visits or phone calls.
  - b. Units of Service (Bereavement Contacts) - includes visits, phone visits, memorial services, and support groups. Within a bereavement support group each person in the group counts as one visit each time they attend a support group. A bereavement home visit to a patient with additional family members present counts as only 1 visit even if additional people are there. When counting bereavement only count what you can verify. When counting memorial services count each attendee as one unit of service in the county in which the memorial service was held.

Please Note Units of Service (Other) is no longer being collected

# 2010 ANNUAL SURVEY OF HOSPICE PROVIDERS

## Section I

### Section I-A

Counties Licensed to Serve:	Beginning Census (midnight 12/31/10)	Total Admissions	Unduplicated Admissions	Cancer Deaths	Other Deaths	Discharged (Exclude Deaths)	Ending Census	Days of Care	Units of Service (Patients)	Units of Service (Bereavement)

# 2010 ANNUAL SURVEY OF HOSPICE PROVIDERS

## Section II: Instructions

**Section II is only to be completed by separately licensed inpatient facilities. Those facilities currently include: Community Hospice, Hospice Care Plus, Mountain Community Hospice, Hospice of Southern Kentucky and St. Anthony's Hospice – Lucy Smith King Care Center.**

### Hospice Utilization Data

1. County/counties served by your agency.
2. Beginning census - number of patients being served by your agency on January 1, 2010.
3. Admissions - number of patients you admitted in 2010 (excluding your beginning census), include readmissions. Note that admissions are separated into two categories, Total Admissions and Unduplicated Admissions.
4. Deaths - patients should be separated into two categories (death due to cancer, death due to other causes) and total number of deaths.
5. Discharges - count of patients discharged to home, another facility, etc. (excluding deaths).
6. Ending census is determined as follows: (beginning census as of midnight December 31, 2009 + admissions) - (deaths as of December 31, 2010) - (discharged patients excluding deaths).
7. Units of Service is broken down into two categories:
  - a. Units of Service (Patients) - the number of contacts a patient received from any type of hospice provider: i.e. social worker, RN or MD. It should not include volunteer visits or phone calls.
  - b. Units of Service (Bereavement Contacts) - includes visits, phone visits, memorial services, and support groups. Within a bereavement support group each person in the group counts as one visit each time they attend a support group. A bereavement home visit to a patient with additional family members present counts as only 1 visit even if additional people are there. When counting bereavement only count what you can verify. When counting memorial services count each attendee as one unit of service in the county in which the memorial service was held.

Please Note Units of Service (Other) is no longer being collected

# 2010 ANNUAL SURVEY OF HOSPICE PROVIDERS

## Section II

### Section II-A

Section II is only to be completed by separately licensed free standing residential hospice facilities. Those facilities currently include: Community Hospice, Hospice Care Plus, Mountain Community Hospice, Hospice of Southern Kentucky and St. Anthony's Hospice – Lucy Smith King Care Center.

Counties Licensed to Serve:	Beginning Census (midnight 12/31/10)	Total Admissions	Unduplicated Admissions	Cancer Deaths	Other Deaths	Discharged (Exclude Deaths)	Ending Census	Days of Care	Units of Service (Patients)	Units of Service (Bereavement)

# 2010 ANNUAL SURVEY OF HOSPICE PROVIDERS

## Data Verification

**By submitting the Data Verification page via the internet survey tool, your facility verifies that all data submitted is accurate. The respondent and administrator are responsible for the completeness and accuracy of the data submitted to the Commonwealth of Kentucky.**

1. Please enter the name, title, telephone number and e-mail address of the person completing this survey:

Respondent Name: \_\_\_\_\_

Respondent Title: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address: **(Required)** \_\_\_\_\_

2. Name of Administrator: \_\_\_\_\_

3. Please enter your current administrative telephone number: \_\_\_\_\_

Administrator's E-mail address: **(Required)** \_\_\_\_\_

**Policies regarding data submission and changes to data can be viewed on the OHP web site: <http://chfs.ky.gov/ohp>. By submitting this data you are certifying it is correct.**